

No. 38

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Sept. 22.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1945					1944 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	39	4	15	1	—	33	6	20	4	1
Deaths	—	—	—	—	—	—	—	—	—	—
Diphtheria	496	28	128	71	11	566	17	152	86	36
Deaths	5	1	1	—	—	8	1	1	1	—
Dysentery	270	41	132	2	—	365	34	134	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	2	—	—	—	—	1	—	2	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	41	7	—	—	—	37	15	2
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	71	9	26	101	5	67	3	38	68	5
Deaths	—	—	—	22	—	—	—	—	17	—
Measles*	397	51	71	17	5	1,509	19	156	7	19
Deaths	2	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	—	—	10	1	—	74	6	12	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	8	—	—	—	—	8	—	2	1 (B)	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenza† (from influenza)	347	26	3	—	1	435	15	14	2	1
Deaths	4	1	1	—	—	10	—	—	—	—
Pneumonia, primary	—	—	149	8	—	—	—	219	18	—
Deaths	—	17	6	8	—	—	17	5	8	—
Polio-encephalitis, acute	5	1	—	—	—	1	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	45	1	1	9	3	16	1	11	3	—
Deaths	—	1	—	—	—	—	—	—	—	—
Puerperal fever	—	5	16	—	—	—	1	14	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia‡	157	5	14	1	1	134	8	9	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,361	105	271	14	36	1,696	30	322	33	54
Deaths	1	—	—	—	—	—	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	11	—	2	6	2	12	2	2	11	2
Deaths	—	—	1	—	—	—	—	1	1	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough*	1,093	77	41	42	4	1,059	57	64	25	3
Deaths	6	5	—	4	—	8	—	1	1	—
Deaths (0-1 year)	335	51	58	42	14	331	33	88	41	18
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths)	3,813	581	537	194	99	4,124	506	614	187	123
Annual death rate (per 1,000 persons living)	—	—	12.2	12.5	§	—	—	14.1	12.1	§
Live births	6,463	814	828	369	265	6,283	414	926	386	283
Annual rate per 1,000 persons living	—	—	—	23.8	§	—	—	18.8	25.0	§
Stillbirths	189	23	35	—	—	191	12	37	—	—
Rate per 1,000 total births (including stillborn)	—	—	41	—	—	—	—	38	—	—

* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

‡ Includes puerperal fever for England and Wales and Eire.

§ Owing to movements of population, birth and death rates for Northern Ireland are still not available.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In England and Wales measles returns were 154 lower than last week, whooping-cough 66 lower, and dysentery 22 lower; no disease showed any appreciable increase.

The figure for measles was the smallest recorded since notification began. Scarlet fever was down by 20 cases, but there was a small rise in London, Middlesex, and Essex of 53 notifications for the combined area. The largest variations in the local trends of diphtheria were increases in Lancashire 18, Durham 15, and Yorks West Riding 12. Diphtheria incidence has steadily gone up in Lancashire during recent weeks. An irregular rise in acute poliomyelitis started at the beginning of July, and from a fairly constant level of 6 cases weekly it has risen to 45—the largest weekly total for four years.

The biggest local outbreaks of dysentery during the week were Hertfordshire, Ware R.D. 21, and Suffolk, Lowestoft M.B. 37. The other large returns were London 41, Lancashire 39, Surrey 22, Essex 15, Yorks West Riding 12.

In Scotland dysentery notifications went up by 30, but those for scarlet fever dropped by 22, for whooping-cough by 16, and for diphtheria by 13. The rise in dysentery was mainly in the western area, the largest returns being those of the cities of Glasgow 55, Edinburgh 17, Falkirk 13.

In Eire 15 fewer cases of diphtheria were notified. Whooping-cough notifications increased by 21, due to an outbreak in Dublin C.B. The incidence of diarrhoea and enteritis among infants under 2 years of age fell by 46, but remained at the high level of 101 cases, of which 84 were reported in Dublin C.B.

Week Ending September 29

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,509, whooping-cough 920, diphtheria 486, measles 406, acute pneumonia 302, cerebrospinal fever 17, acute poliomyelitis 40, dysentery 264, paratyphoid 11, typhoid 15.

Medical News

Fourteen-day refresher courses (22 sessions) for medical officers returning from H.M. Forces will begin at Addenbrooke's Hospital, Cambridge, on Monday, Nov. 5, and at Southend-on-Sea General Hospital on Monday, Dec. 3. Applications for further information and admission to these courses should be made to Dr. Firth, Trinity Hall, Cambridge.

The United Kingdom delegation to the United Nations Food and Agriculture Conference which is to open at Quebec on Oct. 16 in continuation of the work at Hot Springs, Virginia, in 1943, will include Sir Jack Drummond, F.R.S., scientific adviser to the Ministry of Food, and Dr. B. S. Platt, director of the human nutritional research unit of the Medical Research Council. The main task before the conference is to set up a permanent organization in the field of food and agriculture.

Dr. C. M. Wenyon, F.R.S., will give his presidential address on "Tropical Medicine in War and Peace" to the Royal Society of Tropical Medicine and Hygiene at Manson House, 26, Portland Place, W., on Thursday, Oct. 18, at 8 p.m. Refreshments will be served in the library from 9 p.m.

The Institution of Chemical Engineers, the Institute of Physics, and the Chemical Engineering Group of the Society of Chemical Industry announce that the one-day joint conference on "Instruments for the Automatic Controlling and Recording of Chemical and Others Processes," which was postponed in September, 1944, will take place at the Royal Institution, Albemarle Street, London, W., on Friday, Oct. 19. The purpose of the conference is to promote the interchange of knowledge and experience between those using automatic controllers and recorders in different fields and to encourage collaboration. The conference will be open to all interested, without charge.

The inaugural meeting of the Bristol Council for Rehabilitation (sponsored by the Bristol and District Divisional Hospitals Council) was held in the Council House on Oct. 4, when Mr. Harold Balme, F.R.C.S., medical officer in charge of rehabilitation, Ministry of Health, gave an address.

The Lord President of the Council has appointed Prof. R. P. Linstead, D.Sc., F.R.S., to be director of the chemical research laboratory in the Department of Scientific and Industrial Research. He was formerly Firth professor of chemistry in the University of Sheffield and in 1939 was elected to the chair of chemistry in Harvard University, U.S.A. During the war he returned to Great Britain and has rendered valuable service in relation to the application of science to war problems.

Mr. V. Zachary Cope, F.R.C.S., president of the Board of Registration of Medical Auxiliaries, will give an address on "The Place of Physiotherapy in a Co-ordinated Health Service" on Saturday, Oct. 20, at 3 o'clock, at the Royal Institute of Public Health and Hygiene, 28, Portland Place, W. The Minister of Health, the Rt. Hon. Aneurin Bevan, M.P., will take the chair. All physiotherapists are invited, but admission will be by ticket only, which can be obtained on application to the hon. secretary, Society of Physiotherapists, 24, South Molton Street, London, W.1. Student physiotherapists will also be welcome.

The Institute of Laryngology and Otology (330-332, Gray's Inn Road, London, W.C.), in association with the Royal National Throat, Nose and Ear Hospital, has arranged a five-weeks course in laryngology, rhinology, and otology for senior postgraduate students, especially those taking Part II of the D.L.O. examination, from Oct. 29 to Nov. 30. The fee for the course is £15 15s., and the full syllabus may be obtained from the secretary of the institute. Demonstrations and discussions of clinical cases will be held on Fridays at 4 p.m. from Dec. 14, 1945, to April 19, 1946, and are open to all medical practitioners without fee. Clinical assistantships and out-patient assistantships are available at both the Gray's Inn Road and the Golden Square Hospitals.

A Department of Industrial Ophthalmology has been set up at the Royal Eye Hospital, London, where the problems being investigated include: (1) Prevention of eye injuries (the type and the efficiency of preventive appliances). (2) Welders' conjunctivitis (arc eye). (3) Lens opacities in furnace workers, welders, etc. (4) Rehabilitation of the worker with one eye. (5) Eye strain of workers engaged on fine close work. (6) Eye strain due to deficient illumination during work. (7) Keratitis, conjunctivitis, amblyopia, due to the use of industrial solvents. (8) Vision and the selection of staff in industry (visual standards in industry). Industrial medical officers, factory welfare officers, safety managers, and others interested are invited to refer their problems in industrial ophthalmology to Mr. J. Minton, F.R.C.S., who has been appointed ophthalmologist to the department, at the Royal Eye Hospital, St. George's Circus, London, S.E.1.

The 37th annual meeting of the Medical Benevolent Society for the North and East Ridings of the County of York (including the City of York) was held at York on Sept. 25, by kind permission in the library of the York Medical Society, Stonegate. The report of the honorary secretary showed a most satisfactory state of affairs, the membership again having reached a new high level. Two applications for assistance were considered, and in both cases grants were made. The treasurer's audited accounts indicated that the finances of the Society were in a healthy state, and that funds were available for further investment. Great regret was expressed at the impending retirement of the honorary treasurer, Dr. Matheson Mackay, whose association with the society dates back to 1909, and who held the office of president in 1929 and 1930. Applications for membership should be addressed to Dr. W. W. A. Kelly at 92, Micklegate, York.

The Health Division U.N.R.R.A., London, invites the attention of members of the profession, below 50 years of age, who have been practising in a specialty of medicine or surgery, to the advertisement in the *Journal* of Sept. 29 for specialists for service in China for a period of about a year. This would appear to be a unique opportunity for them, not only for participating in the professional rehabilitation of our great Ally, but for obtaining fresh experience with a possibility of openings for practise in that country for those who care to remain when U.N.R.R.A. has withdrawn.

The Vice-Chancellor of the University of Leeds, Mr. B. Mouat Jones, speaking at the medical degree ceremony on Sept. 22, said that he had been notified of a considerable grant for the development of facilities for medical teaching in the university so that it would be possible to make a start on post-war schemes. With regard to the intake of new medical students, the Vice-Chancellor said that the need for more doctors had evidently impressed itself on the public. The Leeds Medical School had had 999 applications for admission in the present session and there were 75 vacancies. Already the applications for the following session were well over the available places. When building permits were eventually obtained to enlarge the accommodation to deal with an annual intake of 100—which was the maximum thought desirable and was the figure recommended by the Goodenough Committee—it would still be quite impossible to satisfy the demand for admission if it kept at its present rate. It was well that this should be generally known so that parents might contemplate alternative careers for their sons and daughters.

Mr. A. J. Bennett, previously assistant secretary, has been appointed secretary and chief executive officer of the Central Midwives Board for England and Wales from Oct. 1, in succession to Mr. Leslie Farrer-Brown.

The following members of the medical profession have been released from internment in Japanese hands: Dr. Oscar Elliott Fisher and Dr. John Groscoart Reed.

Letters, Notes, and Answers

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 2111. TELEGRAMS: *Aitology Westcent, London*. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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ANY QUESTIONS?

Pregnancy after Thigh Amputation

Q.—*A girl aged 17 had a high thigh amputation; she used crutches for two years and was then fitted with an artificial leg. She is now 22, married, and pregnant. She wishes to know whether she should continue to wear her artificial leg during her pregnancy. She is quite prepared to go back to crutches, on which she is very agile. Is there any likelihood of her two years on crutches when younger having caused any great deformation of her pelvis which might give trouble at labour?*

A.—Unless she develops any trouble (e.g., circulatory) in the stump there is no reason why the patient should not continue to wear the artificial leg during pregnancy, and it would be preferable to crutches.

By the age of 17 years the development of the pelvis is well advanced, so unequal weight-bearing at that age is much less likely to have any effect on its shape than it would have in the earlier and more formative years. At most there might be slight atrophy of the pelvic bones on the side of the amputation, or some inward displacement of the wall of the pelvis on the sound side. Even so the oblique deformity, if any, will be of a minor degree and most unlikely to cause mechanical difficulty in labour. However, it would perhaps be wise to have the pelvic shape and measurements determined radiologically, and especially if there is any doubt about the fit of the head into the brim during the later weeks of pregnancy.

Purpura after Sedormid

Q.—*With reference to the question on purpura in the JOURNAL of Aug. 25 (p. 271), is the purpuric reaction after sedormid likely only after prolonged sedormid treatment, or does it follow immediately after a few tablets? Which radical in the formula causes purpura?*

A.—The amount of sedormid necessary to produce purpura varies greatly. Purpura has occurred after a single tablet. In other instances the patient has taken sedormid regularly for two or three years before sensitization has developed. Between these extremes every variation in time has been seen. Details of 41 cases of sedormid purpura have been summarized by Falconer and Schumacher (*Arch. intern. Med.*, 1940, **65**, 122). There are safer alternatives which practitioners can use.

Sedormid is allyl-isopropyl-acetyl carbamide, and it belongs to the group of carbamides, or acylic ureides, in which one H of the urea ($H_2N.CO.NH_2$) is replaced by an acid radical. Other members of this group are carbromal and bromural, but they are not known to affect the blood-forming organs. The acid radical in sedormid does not look very dangerous, and presumably the complete molecule is necessary for sensitization. This group of compounds is fairly closely related chemically to thiourea and thiouracil, which have an unpleasant tendency to produce agranulocytosis.

Low Blood Pressure

Q.—*I would be glad of advice on investigation and treatment of low blood pressure in general. I am finding many patients with a systolic pressure of as little as 110 or even 95, all complaining of lassitude and lack of "staying power." Low blood pressure seriously handicaps these patients, and I would appreciate suggestions.*

A.—The range of the normal blood pressure in health may well extend down to 100 or even 95 mm. Hg. It is not so uncommon to meet healthy young people who have pressures of this level. They are often of slight asthenic build and have slow pulses. Above the age of 40 such pressures are usually abnormal. The symptoms commonly associated with hypotension are lassitude, fatigue, giddiness, weakness, faintness, and a poor capacity for exertion. Patients with such symptoms not uncommonly do not have an abnormally low pressure. So the symptoms and the pressure do not necessarily run parallel.